

CLAIMS ONLY						Application Number <i>10005963</i>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2							
3							
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7							
8							
9							
10							
11							
12	1						
13		1					
14		1					
15			1				
16			1				
17	1						
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49							
50							
Total Indep							
Total Depend							
Total Claims							